## FAMILY VIOLENCE QUESTIONNAIRE OCSS 0048 (08/18/05)

INSTRUCTIONS: If you do not complete and return this form to us, the federal government will release information about you or the child(ren)'s whereabouts to courts, child support agencies, and possibly to the other party for the child(ren) in this case.			
You	ur name: Case Number:		
Oth	ner party's name:		
SE	CTION I: Check the appropriate box for each of the questions.		
1.	Have you or a child(ren) in this case ever been a victim of family violence or child abuse committed by the other party in this child support case?		
2.	Do you have a restraining order, emergency protective order or stay away order against the other party in this child support case?  If yes, please attach a copy of this order and provide the following information:		
	County/State: Order/Docket Number:		
	Expiration Date:		
3.	If you or the child(ren) in this case receive public assistance, do you want the welfare department to review this case to determine eligibility to close this support case because of the increased risk of physical, sexual, or emotional harm to you or the child(ren) in this case, by the other party? This is called having "good cause" to close the support case.		
	ECTION II: You MUST complete this section if you answered "Yes" to any item in SECTION I.		
	ease provide detailed family violence information including dates, times, places, and witnesses. Itach additional page if needed).		
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SECTION III: If appropriate please	e check the box below, sign, date, and r	eturn this form to:		
PLACER COUNTY DEPARTMENT 11795 EDUCATION ST STE 101 AUBURN CA 95602-2469	OF CHILD SUPPORT SERVICES			
child(ren) in this case. I am request to the other party in this case. I DEPARTMENT OF CHILD SUP information, and the PLACER C that they have received my request a written request to the condeterminations for release of my	information identifying my location could be uesting that my address or other identifying This request will stay in effect until I let the PPORT SERVICES know in writing that the COUNTY DEPARTMENT OF CHILD SUPPuest. I understand that under federal law, a ourt that has jurisdiction to make or enforce y information. The local child support agentlease of any information on my case.	g information not be given PLACER COUNTY ey may now give out my PORT SERVICES tells me an authorized person may child support or visitation		
I declare under penalty of perjury true and correct.	y under the laws of the State of Californi	a that the foregoing is		
PRINT NAME	SIGNATURE	DATE		